



ARTICLE

The Universal Health Coverage Program of Medan Blessing Health Insurance (UHC JKMB) to Improve Public Health Services in Medan City from a Regional Autonomy Perspective

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ABSTRACT

Universal Health Coverage (UHC) is a program designed to ensure access to quality healthcare services without financial hardship for all people. In the context of regional autonomy, the Medan City government is responsible for managing the health sector according to local needs, including implementing an ID card-based health service program. This study aims to analyze the success rate of UHC implementation in Medan City by assessing four key indicators: human resources, financial capacity, equipment and supplies, and organization and management. The research employs a descriptive qualitative method, with data collected through interviews, observations, and documentation. The study was conducted at the Medan City Health Office and involved various stakeholders, including community members. The results indicate that Medan City has met or exceeded targets across all four indicators. The budget allocation for UHC by the Medan City government surpassed the minimum requirement, positively impacting the availability of healthcare services by expanding access for the community. Additionally, health organizations and management demonstrated significant efficiency despite challenges in inter-agency coordination, as communication relied primarily on essential platforms like WhatsApp groups, needing a more integrated and real-time online information system. While financial commitment and resource management have supported the success of UHC, there still need to be more public awareness, as evidenced by the limited understanding of UHC among community members. These findings suggest that the success of UHC in Medan could be further enhanced by implementing an online information system to improve inter-organizational coordination and increase public awareness of the benefits of UHC.

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ABSTRAK

Universal Health Coverage (UHC) adalah program yang bertujuan memastikan akses layanan kesehatan berkualitas tanpa kesulitan finansial bagi seluruh masyarakat. Dalam konteks otonomi daerah, pemerintah Kota Medan memiliki tanggung jawab untuk mengelola sektor kesehatan sesuai kebutuhan local termasuk implementasi program layanan kesehatan berbasis E-KTP. Penelitian ini bertujuan untuk menganalisis tingkat keberhasilan implementasi UHC di Kota Medan dengan menilai empat indikator utama: manusia pelaksana, kapasitas keuangan, peralatan dan perlengkapan, serta organisasi dan manajemen. Metode yang digunakan adalah deskriptif kualitatif, dengan teknik pengumpulan data melalui wawancara, observasi, dan dokumentasi. Penelitian ini dilakukan pada Dinas Kesehatan Kota Medan dan melibatkan berbagai pihak terkait serta masyarakat. Hasil penelitian menunjukkan bahwa Kota Medan telah memenuhi atau melebihi target pada keempat indikator tersebut. Alokasi anggaran pemerintah Kota Medan untuk UHC melampaui ketentuan minimal, yang berdampak positif pada ketersediaan layanan kesehatan dengan memperluas cakupan layanan bagi masyarakat. Selain itu, organisasi dan manajemen kesehatan menunjukkan efisiensi yang signifikan, meskipun terdapat tantangan dalam koordinasi antarlembaga yang masih menggunakan platform komunikasi sederhana seperti grup *WhatsApp*, tanpa dukungan sistem informasi online yang lebih terpadu dan *real-time*. Meskipun komitmen finansial dan pengelolaan sumber daya telah menunjang keberhasilan UHC, masih terdapat keterbatasan dalam sosialisasi kepada masyarakat yang dibuktikan dengan rendahnya pemahaman masyarakat tentang UHC. Hasil ini mengindikasikan bahwa keberhasilan UHC di Medan dapat lebih optimal dengan adanya sistem informasi online yang mendukung koordinasi antar organisasi dan peningkatan kesadaran masyarakat mengenai manfaat UHC.

A. INTRODUCTION

Regional autonomy, as stipulated in Law No. 32 of 2004 and Law No. 23 of 2014, grants authority to local governments to regulate and manage governmental affairs based on the principles of autonomy and assistance. This principle of the broadest possible autonomy allows regions to handle all governmental affairs except those reserved for the central government, including mandatory responsibilities such as essential health services. Within this autonomy framework, local governments regulate, finance, and implement health programs that align with central policies, including efforts to achieve Universal Health Coverage (UHC). UHC is a global commitment rooted in the Sustainable Development Goals (SDGs), aimed at providing equitable and affordable access to healthcare for all members of society (Mboi, 2015).

The Indonesian government is working towards achieving UHC through the National Health Insurance (JKN) program, launched on January 1, 2014. It is managed by the Health Social Security Organizing Agency (BPJS) under Law No. 40 of 2004 concerning the National Social Security System (SJSN). Despite progress, JKN membership coverage in 2021 reached only 86.07%, falling short of the expected 98% target, (Saputro & Fathiyah, 2022). To accelerate UHC achievement, on January 6, 2022, President Joko Widodo issued Presidential Instruction No. 1 of 2022, mandating all parties, including ministries, state agencies, and provincial and district/city governments, to optimize JKN implementation. The instruction also tasked local governments with developing regulations and allocating budgets to support UHC implementation and ensure full community participation in the JKN/KIS program, (Presiden Republik Indonesia, 2022)

This instruction authorizes local governments to implement UHC under the existing autonomy system. The central government has committed to recognizing provinces, districts, or cities that achieve participation rates above 95% with a "UHC Award." By 2023, 22 provincial and 334 district/city governments received awards for successfully realizing UHC in their regions. Although the principle of regional autonomy in Indonesia allows local governments to adapt health policies according to local needs, significant challenges remain in implementing UHC across various regions. For instance, North Sumatra Province still needs more JKN membership coverage. In 2022, JKN coverage in North Sumatra was 82.53%, rising to 88.63% in 2023. However, out of 33 districts/cities, only 12 have achieved UHC status within the province.

One major obstacle is local governments' limited financial capacity and reliance on Local Own-Source Revenue to fund health programs. Various studies have shown regional autonomy impacts public services, especially in the health sector. Research by (Halimah, 2022) suggests that regional autonomy can enhance the effectiveness of health services if supported by adequate management capacity. However, in many cases, disparities in budget allocation and limited technical capacity pose significant challenges for local governments. In Indonesia, studies indicate that while regional autonomy has enabled local governments to tailor health programs to meet local needs, they continue to face significant constraints related to limited budgets and human resources (Aminah et al., 2021). In other countries, the role of regional autonomy in achieving UHC has shown mixed results. For example, in the Philippines and Thailand, the success of UHC is supported by decentralized management combined with adequate budgetary support from the central government (Lim et al., 2023). The data for districts/municipalities with UHC status in North Sumatra province are as follows:

Table 1. Districts/cities with UHC status in North Sumatra

District/City	Local Own-Source Revenue in 2022
Medan	IDR 3.05 Trillion
Gunungsitoli	IDR 34.1 Billion
Sibolga	IDR 217 Billion
Tanjungbalai	IDR 83 Billion
Tebing Tinggi	IDR 109 Billion
North Nias Regency	IDR 65 Billion
Nias	IDR 89 Billion
West Nias	IDR 15 Billion
Pakpak Bharat Regency	Rp. 23 Billion
Samosir	IDR 84 Billion
Pematang Siantar	IDR 138 Billion
Tebing Tinggi	IDR 109 Billion

Source: PRP2Sumut, 2024

From the data above, it is evident that Medan City, one of the regions instructed to accelerate the achievement of Universal Health Coverage (UHC), had the highest local own-source revenue in North Sumatra in 2022, amounting to IDR 3.05 trillion. As a result, the city government could allocate IDR 240 billion for the Medan Berkah Health Insurance (UHC JKMB) program, starting on December 1, 2022. Differences in financial capacity and political support among regions also impact the success of UHC implementation. Cities with high local own-source revenue, such as Medan, are generally better positioned to fund UHC programs. In

contrast, regions with lower local own-source revenue often need help to provide sufficient budgets for public health services. For instance, the West Nias district, with local own-source revenue of around IDR 15 billion, faces greater challenges in achieving UHC than Medan City, which has a significantly higher revenue base. This suggests that, in addition to financial capacity, the commitment and independence of local governments play a crucial role in supporting the success of UHC.

Despite having strong financial support and autonomy, the implementation of UHC JKMB still needs several challenges, such as limited access to services for residents without Medan City ID cards and insufficient information about the program within the community. This study aims to examine the successes and challenges of UHC implementation in Medan City within the framework of regional autonomy, focusing on human resources, financial capacity, citizen engagement, and the local government's effectiveness of UHC program management. The findings of this study are expected to provide deeper insights into the factors influencing UHC achievements in Medan City and how regional autonomy can contribute to more effective UHC implementation, which will be valuable for future policy improvements.

B. LITERATURE REVIEW

Autonomy and Local Government

In the context of UHC implementation in Medan, it is essential to understand the roles and responsibilities of local governments as outlined by several experts. In his book “Political Constitution”, CF Strong defines local government as an organization granted the right to exercise sovereign or supreme power at the local level, (Yakub et al., 2020). The sovereignty conferred upon local government entities includes meeting the local community's needs. This view aligns with Liang Gie, who describes local governments as organizations that serve the interests of local communities, (UCLG, 2016). Both experts emphasize local governments' structural and operational roles in fulfilling community needs. CF Strong's perspective highlights the importance of solid authority, where the sovereignty vested in local governments underscores their responsibility to implement health policies that are fair and equitable for all citizens.

In the context of UHC, this means that local governments must not only provide access to health services but also ensure that these services meet quality standards and are accessible to all segments of society (Wira et al., 2024). On the other hand, Liang Gie's perspective on local government emphasizes the importance of a clear structure in managing health services. This understanding is critical because the success of UHC requires local governments to exercise their autonomy effectively. As explained by (Moonti, 2019), autonomy involves the right and authority of local governments to regulate and manage regional matters. Meanwhile, (Zein et al., 2022) defines regional autonomy as a limited independence that must be accompanied by accountability. This implies that the local government in Medan has the freedom to manage health affairs and bears the responsibility to ensure accountability in service provision, necessitating a transparent mechanism for managing budgets and resources for health services. Furthermore, Kaho's definition of autonomy, which includes the power to regulate specific affairs, underscores the need for local governments to possess adequate human resources and financial capacity, (Radiansyah, 2019).

In this context, Kaho's success indicators—namely human implementers, financial capacity, equipment, and organizational management—are highly relevant for evaluating the effectiveness of regional autonomy in achieving UHC implementation in Medan City. Human implementers reflect the importance of skilled personnel in executing public policies; with competent and ethical individuals, government effectiveness is enhanced. This aligns with the

findings of (Djunaidi, 2023), who demonstrated that human resources' quality significantly influences public service quality. The study found that strong-skill employees can deliver professional services, although challenges such as a lack of training and adequate infrastructure persist.

In addition, financial support is a crucial factor, as sufficient budgeting facilitates the optimal implementation of development programs and public services. However, it is essential to note that socio-political conditions and local contexts also affect the relevance of these factors. For example, in some regions, the level of community trust in local government can be a crucial variable influencing performance effectiveness, a factor that Kaho does not explicitly address. (Cyriacus & Ibrahim, 2024) research highlights that community trust in local government plays a vital role in the success of public policies. Therefore, while these indicators provide a robust framework for assessing the success of regional autonomy, other researchers might also emphasize the importance of external factors such as community participation and transparency to gain a more comprehensive understanding.

Regional Innovation and Public Services to achieve UHC

According to the Social Security Organizing Agency (BPJS), as cited in (Saputro & Fathiyah, 2022) Universal Health Coverage (UHC) is an integral part of promoting the fulfillment of human rights. It relates to a system designed to improve the quality of health services for all levels of society without causing financial hardship. The global commitment to UHC was reinforced at the United Nations High-level Meeting on Universal Health Coverage in September 2019, establishing UHC as a significant UN goal to be achieved by 2030 (World Health Organization, 2021). However, the World Health Organization notes that the implementation of UHC varies significantly between countries. In high-income countries, UHC has been developed over several decades. Meanwhile, in developing countries, including Indonesia, UHC faces significant challenges, such as resource availability, health infrastructure, and financial sustainability (Saputro & Fathiyah, 2022).

In this context, regional innovation plays a crucial role in enhancing the quality of local government administration, including supporting the UHC program. As explained by (Hou et al., 2024), regional innovation involves updates in all government administration aspects aimed at improving public service efficiency and effectiveness. According to (Farhan, 2023) public services refer to government and private sector efforts to provide services that serve both socio-political and economic purposes, as described (Randini & Muslim, 2024). The relationship between innovation and public services is to meet the collective needs of society, as noted by Sinambela as cited by (Pantow & Lambelanova, 2023), who emphasized that the government must be able to respond to the needs of society as a whole. However, implementing regional innovation and public service improvements to achieve UHC presents complex challenges and opportunities (Nguyen et al., 2023).

Practical local innovations can accelerate the achievement of UHC goals by developing solutions that address the diverse health needs of the community. However, their success depends on human resource capacity, adequate budgeting, and consistent policy support. Additionally, the effectiveness of public services may be hindered if there are conflicts of interest between the government and the private sector, which can affect alignment in implementing the UHC program (Derakhshani et al., 2024). Therefore, regional innovation and exemplary public service management are vital in providing equitable and high-quality health services, as envisioned in the global UHC initiative outlined by the World Health Organization (2021). To achieve this, the Medan City government has launched the Universal Health Coverage Medan Blessing Health Insurance (UHC JKMB) program to provide inclusive health

access for the entire population.

C. METHOD

This research uses a descriptive method with a qualitative analysis approach. The qualitative method aims to uncover qualitative information, emphasizing processes, meanings, and in-depth descriptions of the phenomenon under study. This approach is expected to provide more precise and accurate information related to the research issues, as Fattah (2016) explained. The study was conducted at the Medan City Health Office on Jl. Rotan, Petisah Tengah, Medan Petisah Sub-district, Medan City, North Sumatra, from April to May 2024. Data were collected through three main techniques: observation, interviews, and documentation. Direct observation was used to understand the implementation of Universal Health Coverage (UHC) in Medan City, especially regarding interactions between health workers and the community and various related programs. Interviews were semi-structured, allowing researchers to explore informants' views and experiences in greater depth. An essential question guide was prepared, but informants were encouraged to provide additional relevant information.

This data collection technique was chosen to ensure that the information obtained could directly address the research questions regarding UHC implementation. Informants were selected using a purposive sampling technique based on specific criteria aligned with the research focus. Seven primary informants participated in the study: the Head of the Health Services Division, the JKMB UHC Program PIC, the Deputy Chairperson of the Medan City DPRD, the BPJS PIC of Prof. Dr. Boloni Medan Hospital, the Promos PIC of Puskesmas Medan Area Selatan, and community representatives. The snowball sampling technique was also employed to identify additional informants with relevant insights based on recommendations from previous informants. To minimize potential bias due to the limited sample, the researcher made efforts to maintain diversity in the backgrounds of the informants, ensuring the data collected was more representative. The data obtained were analyzed through data reduction, presentation, and conclusion drawing. Through this approach, the research aims to provide an in-depth understanding of the implementation of UHC in Medan City and its challenges.

D. RESULT AND DISCUSSION

Human Implementation

The ability and role of the regional head are essential in implementing regional tasks, especially in the health sector. Human factors, such as the regional head, the DPRD (Regional People's Representative Council), and community participation, are crucial to the success of regional autonomy. The integrity and ethics of executive and legislative officials greatly influence government actions and policies (Derakhshani et al., 2024). An interview with the Deputy Chairman of the Medan City DPRD, Mr. Bahrumsyah, revealed that before UHC was implemented, the Medan City Government launched the Medan Health Maintenance Guarantee Program (JPKMS) in 2010. This program aimed to provide comprehensive health services for underprivileged individuals who did not have health insurance. After the establishment of BPJS under the National Social Security System (SJSN) Law in 2014-2015, the Medan City Government integrated JPKMS into the Healthy Indonesia Card (KIS), registering around 400,000 citizens as Contribution Assistance Recipients (PBI) in the initial stage. This integration increased the number of PBI recipients to around 800,000 people.

Based on the memorandum of understanding (MoU) between the Medan City Government and the DPRD, it was agreed that once the coverage of BPJS participants reaches

95% of the total population, the remaining population would only need to present their ID cards to access health services through UHC. However, the local government and DPRD must increase yearly PBI quotas to maintain this coverage. This effort significantly boosted BPJS membership, reaching 90% in 2021 and 96% by the end of 2022, thus enabling the implementation of UHC in Medan. While these achievements are significant, future challenges include sustainable budget management and improving service quality to accommodate the increasing number of participants effectively. A statement from Mr. BahrumSyah, Deputy Chairman of the Medan City DPRD supports this:

"In 2010, we had the JPKMS program to help the poor who did not have health insurance, then JPKMS was merged into KIS. Based on the MoU between Medan City Government and DPRD, if 96% of the population is registered with BPJS, the rest need to bring their ID cards to get health services, provided that the PBI quota continues to increase yearly. Since then, we have continued to increase the quota for participants such as PPU and PBI. Finally, in 2021, the achievement was 90%, and at the end of 2022, it was 96% so that the UHC program could be fully implemented." (Interview with Mr. BahrumSyah, Vice Chairman of the Medan City DPRD, on April 22, 2024)

Every region has reached 95% BPJS membership coverage, and the rest of the population only needs to show the national identification number. There are significant differences in financing and accelerating membership in each region in North Sumatra; some regions are used as examples as follows:

Table 2 Differences in accelerating JKN membership to reach UHC in several regions in North Sumatra

No.	District/City	Acceleration of JKN membership
1	Medan City	People who do not have health insurance are encouraged, when sick come to the puskesmas with an active identity card or family card then the officer at the <i>frontliner</i> will register directly.
2	Tebing Tinggi City	The local government through the Health Office can provide participant registration data per day to BPJS Kesehatan to be directly inputted and active membership, then the data will be selected per village, given to the ranks of sub-districts and villages by name by address, the community can directly confirm their membership status by coming directly to the sub-district and village.
3	Pematangsiantar City	This is done by intensifying socialization to the community about the importance of health insurance, which involves the role of village officials or lurah to become BPJS Health agents, so that they can more optimally educate their citizens to register themselves and their families into the JKN Program.

Source: processed by researchers from several sources, 2024

Based on Table 1.2, it can be seen that the local government finances health coverage for the community in Medan City through the Regional Budget by adopting digital technology,

such as the ID card, which is then recognized as the Medan Blessing Health Insurance or UHC JKMB. This initiative began on December 1, 2022, under the leadership of Mayor Bobby Nasution, alongside Ali Ghufon Mukti, the President and Director of the Health Social Security Organizing Agency (BPJS), at the Regional General Hospital H. Bachtiar Djafar, Medan Labuhan. This approach differs from other regions, which may not have a similar mechanism. For example, Tebing Tinggi City relies on coordination between the Health Office and BPJS for rapid registration through daily data collection. Meanwhile, Pematangsiantar City prioritizes socialization by involving village officials to encourage JKN registration. Each region adjusts its approach according to its resources and needs, although the ultimate goal remains to achieve UHC.



Source: Portal.Pemkomedan.go.id, 2024

Picture 1. UHC JKMB Launching and Soft Launching of Regional General Hospital H Bachtiar Djafar

The requirements for the UHC JKMB program are as follows:

Table 3. Terms and Conditions of JKMB UHC Program

Terms	Terms
Medan City residents who have active BPJS	Whether independent, employed, or free from the government
Medan City residents who do not have BPJS	Will be directly served with and will be national identification number on their identity card registered directly as BPJS participants who are immediately active 3x24 hours working days.

- | | |
|---|--|
| Residents who have BPJS Mandiri class I, II, III that are inactive due to arrears | <ol style="list-style-type: none">a. Willing to be transferred to the free category of class III government assistance by signing a statement with a 10,000 stamp that has been provided at the hospital, when you enter the free category, the arrears will be stored (do not need to be repaid) and are not subject to a 5 percent service penalty.b. He was treated in a class III room and could not be upgraded.c. You can only switch back to Mandiri after 12 months of becoming a free class III participant and any outstanding arrears must be paid off first. |
|---|--|

Source: Medan City Health Office and processed by researchers, 2024

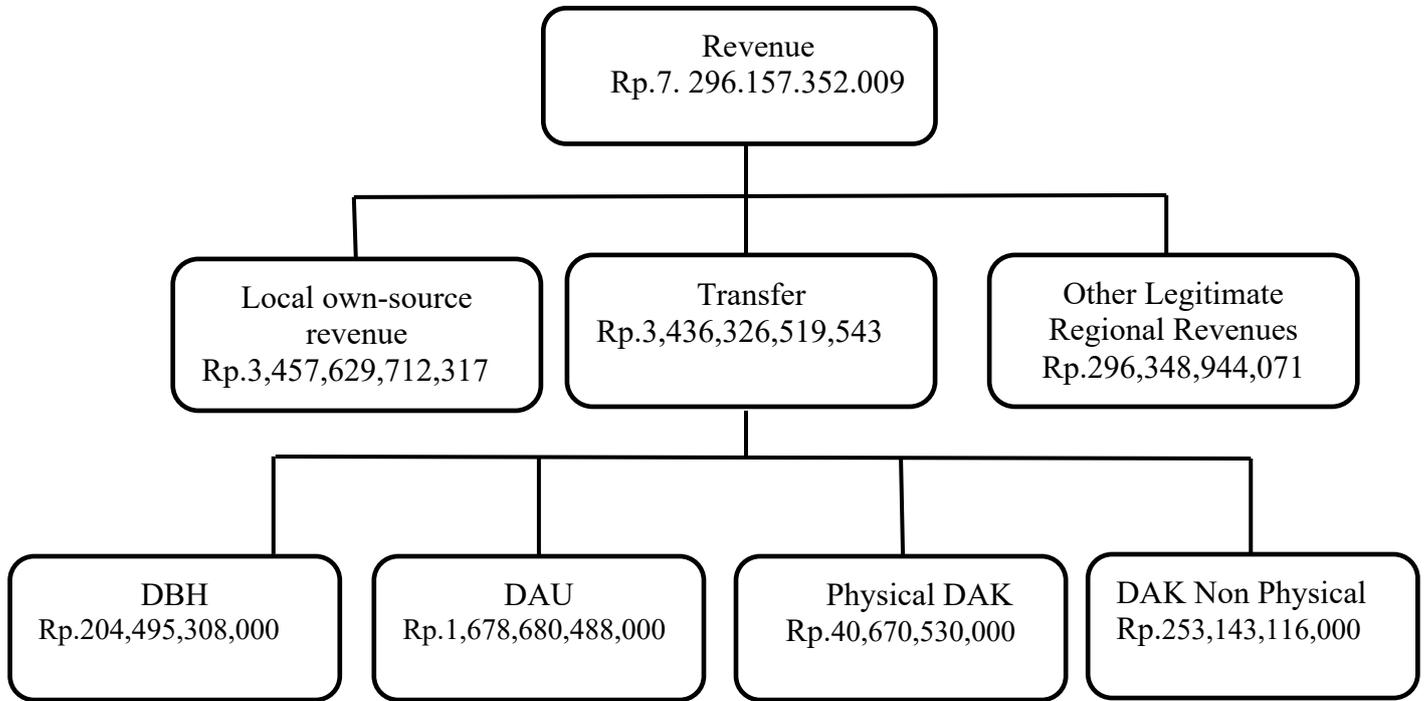
Medan City's success in implementing the UHC program has attracted attention from other regions as an exemplary model. The local community is enthusiastic about the program, which has effectively expanded access to health services. Many residents, including those previously economically constrained, have benefited directly from this initiative. In an interview with researchers, one resident in the Medan Helvetia sub-district mentioned that the UHC program has dramatically improved his life. He, who had arrears in his BPJS contributions, revealed that he can now access health services without worrying about the cost by simply showing his ID card. This allows people to receive the care they need without a heavy financial burden, increasing their sense of security and confidence in accessing health services. This positive reception demonstrates that the Medan City Government's efforts to improve the accessibility and quality of health services have been successful. People feel more protected in terms of their health, which is a clear indication of the program's success.

When viewed through the lens of human indicators as implementers of regional autonomy in the health sector, this program reflects the Medan City government's serious commitment to prioritizing health and ensuring equal and quality access to health services for all residents of Medan City, regardless of their economic status. However, it is not uncommon for policymakers in some regions to fail to prioritize health as a fundamental need that must be addressed. Attention is often directed toward projects with quick results rather than long-term health system development. Despite having autonomous status, many regions still rely on directives and policies from the central government. These central government policies often need to consider the specific conditions and challenges each region faces. As a result, regions need help to implement innovations or initiatives better suited to their unique health situations. To improve program effectiveness, local governments must strengthen their autonomy in health management, tailor policies to local needs, and ensure adequate budget allocations.

Financial Capability

Implementing regional autonomy grants local governments the authority to manage their financial affairs, including health budgets and financing. Adequate financial resources are essential to achieving health development goals. However, the main challenge lies in the ability of regions to effectively explore and manage their finances, particularly in the effort to achieve UHC. When considering the Medan City Regional Budget, the region's financial capacity is

sufficient to support the implementation of the UHC program. With a revenue of IDR 7.1 trillion, Medan City has a solid opportunity to serve as an example for other regions in implementing UHC-based health programs. The Regional Budget of Medan City consists of three main components: regional revenue, regional expenditure, and regional financing. The following is the budget data for the Regional Budget of Medan City for the year 2023:



Source: Progress Report on Development Control of North Sumatra Province and processed by researchers, 2024

Figure 1. Revenue Budget Structure in Medan City Regional Budget

The revenue budgeting process in Medan City involves several essential components. One of these is Local Own-Source Revenue, which includes Local Taxes and Retributions. These two sources are the primary revenue stream for the city government, as they come from taxpayer contributions. In addition to Local Own-Source Revenue, Medan City also receives Balancing Funds from the central government as part of fiscal decentralization. These funds include the General Allocation Fund, Special Allocation Fund, and Revenue Sharing Fund.

Furthermore, the city government receives revenue from other sources, such as the Tax Revenue Sharing Fund from different provinces and regions. For example, when North Sumatra Province collects motor vehicle tax, part of the proceeds is allocated back to Medan City. The most significant portion of the revenue budget structure comes from Local Own Source Revenue, totaling around 3.4 trillion IDR. Critical components of this revenue include Local Taxes, such as hotel, restaurant, and entertainment taxes, as well as Local Levies, which consist of various public service charges. This is reflected in the breakdown of Medan City's Local Own Source Revenue for 2023, as follows:

Table 4. Local Own-Source Revenue of Medan City in 2023

	Budget	Realization
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	3,568.43 billion	2,047.96 billion
Local Own-Source Revenue		
Local Tax	3,064.78 billion	2,106.29 billion
Regional Contributions	270.77 billion	155.49 billion
Results of Separated Regional Management	15.93 billion	15.93 billion
Other Legitimate Local Own-Source Revenue	199.98 billion	130.24 billion

Source: Ministry of Finance SIKD Data Portal and processed by researchers, 2024

Based on Law No. 36, Year 2009 on Health, the health budget of provincial, district, and city governments is allocated at least 10% of the regional revenue and expenditure budget, excluding salaries. When viewed from the mandatory spending of the regional budget of Medan City in 2023, the Medan City government allocates more than 10% of the budget for health.

Table 5. Mandatory Spending of Regional Budget of Medan City in 2023

Mandatory Spending	Law rules	Regional Budget	Budget
Education	20%	26.98%	IDR 2,123,297,570,670
Health	10%	18.71%	IDR 1,318,247,673,126
Regional Infrastructure	40%	30.55%	IDR 2,403,974,859,989

Source: Progress Report on Development Control of North Sumatra Province and processed by researchers, 2024

However, the health budget allocation in 2023 has decreased compared to the previous year. In 2022, the percentage of budget allocation for health expenditure stood at 22%, but in 2023, the rate decreased to 18%. This decrease in allocation may be due to various factors, such as changes in development priorities, the need to balance budgets in other sectors, or adjustments to economic conditions.

Table 6. Mandatory Spending of Regional Budget of Medan City in 2022

Mandatory Spending	Law rules	Regional Budget	Budget
Education	20%	20.22%	Rp. 1,349,405,733,848
Health	10%	22%	Rp. 1,027,503,893,939
Regional Infrastructure	40%	107.46%	Rp. 1,893,156,968,797

Source: Progress Report on Development Control of North Sumatra Province and processed by researchers, 2024

Table 7. Comparison of Medan City Expenditure Budget Allocation for 2022 to 2023

Mandatory Spending	Year 2023		Year 2022	
	Regional Budget	Budget	Regional Budget	Budget

Education	26.98%	Rp.2,123,297,570,670	20.22%	Rp.1,349,405,733,848
Health	18.71%	Rp.1,318,247,673,126	22%	Rp.1,027,503,893,939
Regional Infrastructure	30.55%	Rp.2,403,974,859,989	107,46%	Rp.1,893,156,968,797

Source: Progress Report on Development Control of North Sumatra Province and processed by researchers, 2024

Nevertheless, the size of the health budget allocation in 2023 has increased by Rp.1.3 trillion, while in 2022, it was only Rp.1 trillion. On the other hand, in 2023, there was a significant increase in the education budget allocation, which reached 26.98% or Rp.2.1 trillion; in 2022, it was only 20.22% or Rp.1.3 trillion. This increase reflects the shifting priorities of the Medan City government. As a result, the total regional budget has become more extensive, but the percentage allocation for the health sector has decreased. This reduction in percentage may indicate that the health sector needs to be more proportionally prioritized within the context of the overall budget. Even though there is a nominal increase in the budget, this only translates into meeting the community's health service needs if the proportional allocation matches these needs. Inequality in allocation may lead to dissatisfaction among beneficiaries.

In the long term, the reduced percentage allocation for health could compromise the sustainability of the UHC program, especially if other sector budgets continue to rise, leaving less available for health. To address this, the Health Office, responsible for health budget planning, has stated that the allocation for the UHC JKMB program is regulated within the office budget, which could affect the budgets for other sectors. However, by prioritizing health for Medan City, the government can ensure a sufficient budget for health needs. The Health Office also aims to optimize budget efficiency and update population data, particularly for private-sector workers, so that the UHC JKMB program can cover them. These efforts are expected to keep the health budget allocation aligned with community needs and support the sustainability of the UHC program. Mr. Salmon Urung Yanta Sembiring, the PIC of the UHC program at the Medan City Health Office, supports this.

"Technically, we are trying to save the budget as much as possible. This program does not stand alone but uses the department's budget, so the municipal government's responsibility to find funding sources is certain. From our side, so that the number of participants does not increase dramatically, we try to encourage the private sector to cover their membership. We also do data cleansing, ensuring that JKMB does not cover workers in the private sector or those under contract." (interview with Mr Salmon on May 15, 2024)

Since 2016, Medan City has been allocating a budget for health insurance of IDR 96 billion, which has continued to increase yearly, reaching nearly IDR 250 billion. As of 2023, the budget allocation for the UHC JKMB program is IDR 247 billion, and for 2024, it is set at IDR 270 billion. This budget ensures that every registered citizen, both in sickness and health, receives proper health insurance. Additionally, the Medan City Government must pay the premiums for registered participants to BPJS every year. The Medan City Government also subsidizes the premium for independent class III participants, set at IDR 42,000, as stipulated. However, participants only need to pay IDR 35,000 to BPJS, with the government covering the shortfall of IDR 7,000. Of this amount, IDR 2,800 is borne by the Medan City Government through the regional budget, while the central government bears the remaining IDR 4,200.

While the budget allocation shows a firm commitment from the Medan City Government to support the UHC program, evaluating the effectiveness of this financial

management in the context of community needs is essential. Although the budget continues to increase, the challenge is whether this increase is proportional to the improvement in the quality and access to health services received by the community. While Medan City has managed its finances quite effectively and successfully met its obligations to pay BPJS Health contributions, it is essential to remember that the sustainability of the UHC program depends not only on budget allocations but also on comprehensive policies that respond to local health challenges. Medan's success in innovating exemplifies how other regions, with policies supporting full autonomy, can follow suit to accelerate the achievement of sustainable UHC that meets local needs.

However, many regions in North Sumatra still need improvement in realizing UHC, as some areas face budget allocation constraints and need help to develop appropriate strategies to optimize existing resources. Regions with low Local Own-Source Revenue need help to provide adequate health budgets for complex local needs. This dependency limits the flexibility of these regions in managing their budgets according to priorities, thus hindering the quality of health services. Additionally, central government policies regarding the General Allocation Fund and the Special Allocation Fund often restrict funds to specific programs. This prevents regions from adjusting allocations for needs such as medical equipment procurement or improving health center services. This is a serious challenge that requires more attention from the central government to ensure that all regions can implement UHC effectively and equitably, not only in Medan City but throughout North Sumatra and Indonesia.

Equipment and Supplies

According to the Minister of Health, Regulation No. 71/2013 on Health Services under the National Health Insurance, health service providers include all health facilities cooperating with BPJS Kesehatan. These include first-level health facilities and advanced referral health facilities. The Medan City Health Office oversees 39 primary health centers consisting of 13 inpatient Puskesmas and 26 outpatient Puskesmas. The Medan City Health Office also allocates a budget of IDR 65.3 billion for the provision of health service facilities, which includes hospital rehabilitation and maintenance, procurement of health service facilities, procurement of medical devices and medical support equipment, as well as procurement of drugs, vaccines, and consumables. In addition, this budget is also allocated for routine and periodic maintenance of medical equipment and medical support equipment in health service facilities.

Although the Medan City Health Office manages 39 health centers and allocates IDR 65.3 billion for health facilities, serious challenges remain. The budget allocation for rehabilitation, maintenance, and the procurement of medical equipment raises concerns about the effectiveness and transparency of these funds' use. With an adequate evaluation system, it would be easier to ensure that the allocated funds are used effectively to improve health services. Additionally, the inequitable distribution of medical facilities and equipment between health centers creates disparities in access to healthcare. This issue is further exacerbated by the potential mismatch between budget allocations and the actual needs on the ground, where health centers may require more resources and capacity. Amidst population growth and increasing demand for services, failure to optimally utilize the budget may result in broader negative impacts, including more significant health disparities in the community.

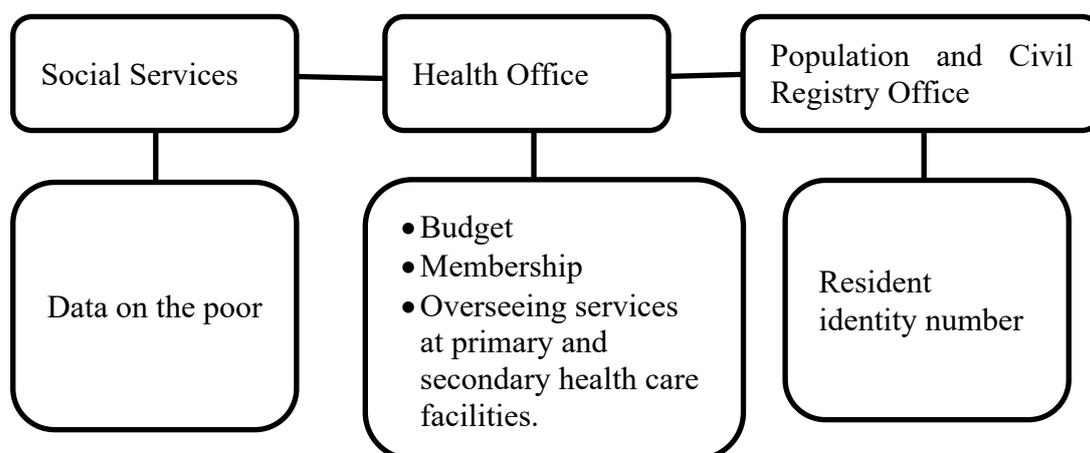
On the other hand, each puskesmas utilizes capitation funds for various purposes, including the cost of medical services, worker wages, services, equipment and supplies, and other operational needs received from BPJS, with the amount determined based on the number of registered participants in each puskesmas. Likewise, hospitals are trying to increase competitiveness in the provision of medical equipment. The community is free to choose hospitals based on their preferences, not only in terms of equipment but also quality of service.

However, the dependence of health centers on capitation funds from BPJS adds complexity, as the amount of funds received depends on the number of registered participants at each health center. This creates disparities, especially compared to hospitals with more complete facilities that can attract more patients.

The availability of adequate equipment and supplies at both levels of health facilities reflects Medan City's autonomy in using its authority to provide quality health services. However, this autonomy should also be viewed in the context of its challenges, such as budget constraints and the uneven distribution of resources. Although Medan City has the right to regulate and allocate its budget according to local needs and community characteristics, the effectiveness of these policies depends on the local government's capacity to evaluate and respond to dynamic health needs. Therefore, the Medan City government needs to ensure the availability of equipment and actively monitor and adjust health services to meet the evolving needs and challenges of the community. UHC JKMB program services are currently accepted at hospitals in Medan City and several hospitals outside Medan City. This step is part of the Medan City Government's strategy to expand the reach of health services and ensure that the entire community can access quality medical services.

Organization and Management

In implementing the UHC JKMB program, the Medan City government collaborates cross-sectorally with government and private agencies. This program involves the Health Office, the Social Affairs Office, the Manpower Office, the Integrated Licensing Office, and the Population and Civil Registration Office of Medan City.



Source: researcher, 2024

Figure 2. Role of each local government agencies in the UHC JKMB Program

Among all these government agencies, the Social Affairs Office has a very significant role in presenting data on the number of people classified as underprivileged or integrated poverty data to the central government. In addition, the Social Affairs Office is also responsible for monitoring the deactivation of data from the center. They are waiting for data that will be sent back to the center if there is a deactivation from the center. So that when there is a deactivation from the center, new data can be entered to ensure that the quota from the center is still met. Meanwhile, the Population and Civil Registration Office uploads the identity numbers. In this case, it is expected to find inactivity of the community's Population Identification Number. In addition, many people have just moved their domicile and made a new Family Card in Medan City. Although they have become official city residents, health services may only be provided if they have reached a minimum stay of three months.

From the private sector, BPJS Kesehatan must actively conduct socialization with companies to inform the importance of registering all business entities by Presidential Regulation Number 64 of 2020 concerning the Second Amendment to Presidential Regulation Number 82 of 2018 concerning Health Insurance and Presidential Instruction Number 1 of 2022 concerning Optimizing the Implementation of the National Health Insurance Program. Both regulations state that all employers must register their workers so they have health insurance. As for the Health Office itself, it plays a role in the budget calculation, participation, and supervision of health services at First Level Health Facilities and Advanced Health Facilities. This supervision ensures that health service standards are maintained and meet the community's needs. Since the launch of the UHC JKMB program in December 2022, with an initial achievement of 95.06%, it has increased to 98.31%. However, this figure can decrease, influencing various demographic factors, such as death and population status movement. The health insurance achievements in Medan City in the last three months are as follows:

Table 8. JKN Outcomes in Medan City March-May 2024

Category	National Health Insurance (JKN) coverage		
	March	April	May
Government Assistance Program for Health Insurance (National Budget)	664.454	661.514	660.418
Provincial Government	10.478	10.478	10.478
Local Government (Medan City)	549.738	550.435	552.876
Non-Governmental Organization	466.916	461.978	464.427
Wage Employee			
a. Business Entity	531.853	531.853	533.403
b. State Employee	183.017	183.121	183.057
Non-Employee Participant	83.761	83.536	82.967
Total Population	2.530.493	2.530.493	2.530.493
Number of Participants	2.490.217	2.482.740	2.487.626
Percentage of Achievement (%)	98,40	98,11	98,31

Source: PIC UHC JKMB Medan City Health Office, 2024

As happened in February 2024, due to population changes, presentation coverage reached 98.31% in February, then increased to 98.40% in March but decreased to 98.11% in April.

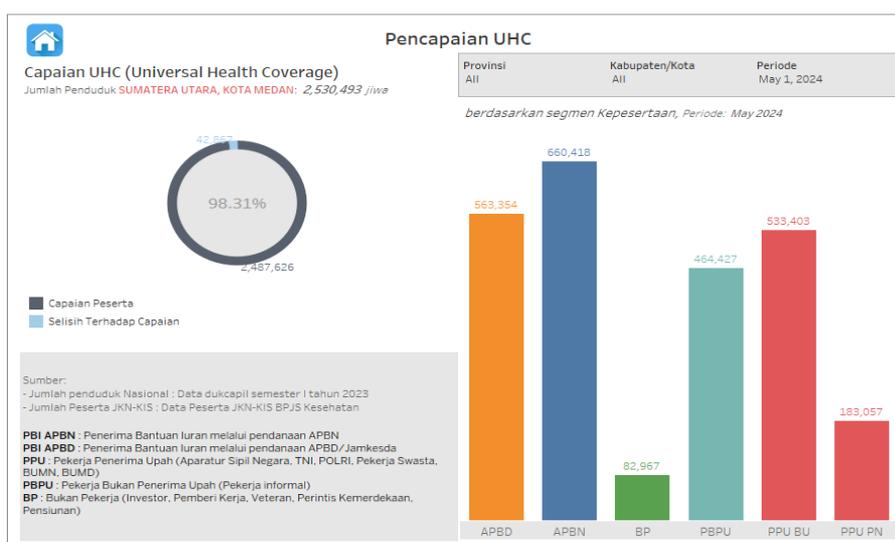
Graph 1. Fluctuation in the Percentage of JKN Membership Achievement



Source: PIC UHC JKMB Medan City Health Office, 2024

Despite fluctuations in the percentage, this did not hamper the achievement of JKN membership in Medan City. The main concern is maintaining the participation percentage so it is at least % a national target of 95%. A monitoring system called the JKN *Dashboard* monitors monthly national achievements. However, access to this *dashboard* is limited to designated individuals in each region, both at the district and city levels.

Graph 2. JKN Dashboard as of May 1, 2024



Source: PIC UHC JKMB Medan City Health Office, 2024

The Health Office has taken appropriate steps by reconciling data with BPJS every three months. In addition, the JKN dashboard, as a monthly monitoring system, reflects a commitment to transparency and effective oversight. This collaboration reduces bureaucracy and complexity in decision-making, as information is exchanged quickly and directly between related OPDs through their fast-response teams. The public can directly contact the available Person In Charge (PIC) number, making problem-solving faster and more efficient. However, questions still need to be answered regarding the effectiveness and impact of such initiatives. The transparency and oversight sought need to be evaluated more deeply to ensure all stakeholders can optimally access and utilize the information generated.

Furthermore, while collaboration can reduce reliance on hierarchical processes, this approach may create gaps in responsibility. Although information exchange through fast-

response teams can speed up decision-making, coordination is still conducted online, and there is no integrated real-time system. This can lead to information discrepancies and difficulties in effectively monitoring progress. While the ability for the public to contact PICs quickly creates high expectations, it also demands a system that can guarantee consistent and high-quality responses. Therefore, to realize UHC in Medan City, there needs to be a more holistic and integrated approach and a commitment to continuously evaluate and improve the quality of existing collaborations, including developing a system that enables real-time data integration and communication.

E. CONCLUSION

The Medan City Government demonstrates a solid commitment to regional autonomy in health, recognizing that health is a fundamental right for everyone. The success in achieving UHC reflects significant collective efforts to provide community access to health services. Measures such as using the ID card to ease access to services and substantial budget allocations create a solid foundation for a more inclusive health system. The UHC model implemented in Medan, supported by the Health Office's efforts to ensure health facilities are equipped with adequate medical equipment and collaboration with hospitals outside the city, shows that success in improving health access can be achieved through cooperation and the proper utilization of resources. This can serve as an example for other regions in Indonesia facing similar challenges.

However, this success also comes with challenges. While cross-sector collaboration through the "fastrespon" WhatsApp Group platform speeds up bureaucracy, the manual system still in use can make it difficult for staff to verify patient eligibility effectively. In addition, using WhatsApp brings potential risks, such as exposing sensitive patient data if messages are not properly encrypted or if WhatsApp accounts are used on unsecured devices. For example, if medical information is shared in a group without strict access controls, this could leak personal patient information. Although WhatsApp is a fast communication tool, network issues can compromise reliability if users do not have stable internet access. A health emergency can cause delays in decision-making or response to patient needs. For instance, if medical staff do not receive important updates about a patient via WhatsApp due to network disruptions, this can hinder timely care.

Therefore, evaluating and improving communication and monitoring systems is essential. Given the progress made, it is recommended that the Medan City Government consider implementing digital solutions to improve the efficiency of the eligibility verification process and expand the coverage of UHC services. With these measures, it is hoped that Medan's UHC efforts can be sustainable and more effective and inspire other regions to create a better health system.

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